

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER


|   |  |   |
|---|--|---|
| Operator Name: <u>A G V Corp.</u>   |  | License Number: <u>5039</u>   |
| Operator Address: <u>P. O. Box 377 Attica, Ks 67009</u>   |  |   |
| Contact Person: <u>Larry G. Mans</u>  |  | Phone Number: ( <u>620</u> ) <u>254 - 7222</u>  |
| Permit Number (API No. if applicable): <u>15-007-01613-00-01</u>  |  | Lease Name: <u>Green SWD</u>  |
| Source of Waste:<br><input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike<br><input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit<br><input type="checkbox"/> Burn Pit <input checked="" type="checkbox"/> Drilling Pit<br><input type="checkbox"/> Steel Pit <input type="checkbox"/> Haul-off Pit<br><input type="checkbox"/> <input type="checkbox"/> Spill / Escape |  | Well Number: <u>1</u><br>Source Location (QQQQ): _____ - _____ - <u>SW - SE</u><br>Sec. <u>25</u> Twp. <u>33</u> R. <u>10</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West<br><u>660</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section<br><u>1980</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section<br><u>Barber</u> County |
| Type of waste to be disposed: <input checked="" type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____   |  |   |
| Amount of waste: <u>3</u> No. of loads <u>240</u> Barrels    _____ Tons    _____ YDS  |  |   |
| Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off Pit <input checked="" type="checkbox"/> Disposal Well <input type="checkbox"/> Lease Road <input type="checkbox"/> Dike / Berm <input type="checkbox"/> Other: _____   |  |   |
| If waste is transferred to another reserve pit, is the lease active? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>NA</u>  |  |   |
| Location of waste disposal:   |  | Date of Waste Transfer: <u>2-17-2010</u>  |
| Operator Name: <u>A G V Corp</u>  |  | License No.: <u>5039</u>  |
| Lease Name: <u>Hospital</u>   |  | Sec. <u>24</u> Twp. <u>32</u> R. <u>9</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West  |
| Docket No./API No.: <u>2 D28206.0</u>   |  | County: <u>Harper</u>   |
| Comments:   |  |   |

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FEB 19 2010  
KCC WICHITA

The undersigned hereby certifies that he / she is Secretary  
for A G V Corp. (Co.), a duly authorized agent, that all information shown hereon is true

and correct to the best of his / her knowledge and belief.

Subscribed and sworn to before me on this 17 day of February, 2010

 **KAYAN HOWELL**  
Notary Public - State of Kansas  
My Commission Expires My Appt. Expires April 24, 2011

Larry G. Mans  
Agent Signature  
Kayan Howell  
Notary Public